

House Bill #2

Chairperson:

Thank you, committee for taking the time to listen to me today. I find myself recently having to go on the ~~spin~~<sup>Spent</sup> down program. I did not even know what the pickle program was. I had no idea that there would be a time when I would be taken off that program and put on the ~~spin~~<sup>Spent</sup> down. At first I was surprised to hear of what was taking place, but then I was happy to hear that you are looking into possibly changing the amount that we have to pay to the state for Medicaid. *I need Medicaid because I need services that home community based service provides.*

I understand that people on SSI get \$627.00. After I pay my \$289.68 I am left with \$545.00 to live on for a full month. That is an \$82.00 difference and that is a big amount to be taken away from me as a person on or with a disability.

Since I have been taken off the pickle program I feel like I am being penalized for being born with a disability and wanting to work what little hours I do. If I did not work I would become very despondent. Working gives me a sense of value to society, and makes me happy.

I would like to thank you again for looking into this matter further.

Sincerely,

*Lynne-Marie Kelly*

Lynne-Marie Kelly

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER  
GOVERNOR

JOAN MILES  
DIRECTOR

STATE OF MONTANA

MISSOULA COUNTY  
(406) 329-1200  
MAILING DATE: 01/19/07

CASE NUMBER: 124695  
CASELOAD ID: T32319

DEAR LYNNE M KELLY:

MEDICAL COVERAGE FOR LYNNE IS BEING PROCESSED. IT'S IMPORTANT THAT WE HAVE A CLEAR UNDERSTANDING OF YOUR MEDICAL NEEDS SO WE CAN HELP YOU GET THE MOST BENEFIT FROM YOUR MEDICAID COVERAGE. PLEASE CALL ME AT 329-1234 SO WE CAN DECIDE THE BEST PLAN FOR YOU.

YOUR MONTHLY INCOME OF \$834.68 EXCEEDS THE MONTHLY MEDICAID LIMIT BY \$ 289.68. EACH MONTH THAT YOU WANT TO RECEIVE A MEDICAID CARD, YOU WILL BE RESPONSIBLE FOR \$289.68 OF YOUR OWN MEDICAL EXPENSES. THIS AMOUNT IS CALLED AN INCURMENT.

YOU CAN PAY YOUR INCURMENT DIRECTLY TO MONTANA MEDICAID, OR YOU CAN SEND US YOUR MEDICAL BILLS EVERY MONTH SO THEY CAN BE USED TO MEET YOUR INCURMENT. YOU MAY ALSO USE A COMBINATION OF MEDICAL BILLS AND DIRECT PAYMENT.

FOR EXAMPLE, IF YOU KNOW YOUR MEDICAL EXPENSES WILL BE MORE THAN \$ 289.68 AND YOU WANT A MEDICAID CARD FOR THE MONTH, YOU CAN PAY \$289.68 DIRECTLY TO MONTANA MEDICAID. WE CALL THIS DIRECT PAYMENT A CASH OPTION.

IF YOU ALREADY OWE \$289.68 FOR MEDICAL CARE OR YOU HAVE PAID AT LEAST \$289.68 FOR MEDICAL CARE IN THE PAST THREE MONTHS, YOU MAY USE THOSE EXPENSES TO MEET YOUR INCURMENT. MEDICAID MAY BE ABLE TO PAY SOME OF YOUR OLD BILLS IF THEY ARE FOR SERVICES YOU RECEIVED IN THE LAST THREE MONTHS. SEND US COPIES OF ALL THE BILLS YOU OWE, AND ALL THE MEDICAL BILLS YOU PAID SINCE 11-06.

THIS IS DUE TO YOU LOOSING YOUR PICKLE ELIGIBILITY DUE TO THE INCREASED INCOME FROM SOCIAL SECURITY

PLEASE REPORT CHANGES WITHIN 10 DAYS OF KNOWING ABOUT THE CHANGE SO YOUR BENEFITS CAN BE DETERMINED CORRECTLY.

LEGAL BASIS FOR THIS ACTION IS: 42 CFR 435.811, .831, .840, .845; ARM 37.82.1101,.1102,.1106,.1107,.1110.

FAIR HEARING AND OTHER IMPORTANT INFORMATION IS EXPLAINED ON THE BACK OF THIS NOTICE.

NOTICE #

M105 NOEL

"AN EQUAL OPPORTUNITY EMPLOYER"

